

Facility Name & ID Number Alden Village Health Facility# 0038455 Report Period Beginning: 01/01/04 Ending: 12/31/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2	<u>109</u>	Skilled Pediatric (SNF/PED)	<u>109</u>	<u>39,894</u>	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>109</u>	TOTALS	<u>109</u>	<u>39,894</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED	<u>36,916</u>	<u>68</u>	<u>584</u>	<u>37,568</u>	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>36,916</u>	<u>68</u>	<u>584</u>	<u>37,568</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 94.17%

D. How many bed-hold days during this year were paid by Public Aid?

745 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)n/aF. Does the facility maintain a daily midnight census? yesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 11/1/92

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 11/1/92 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☐ NO ☒ If YES, enter number
of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

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Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	170,043	14,322	9,600	193,965	243	194,208		194,208		1
2	Food Purchase		540,700		540,700	(20,171)	520,529	(314,089)	206,440		2
3	Housekeeping	134,091	17,842		151,933	200	152,133		152,133		3
4	Laundry	54,681	16,381		71,062		71,062		71,062		4
5	Heat and Other Utilities			108,464	108,464		108,464	1,222	109,686		5
6	Maintenance	41,789		85,921	127,710		127,710	1,486	129,196		6
7	Other (specify):* Related Party Salary							27,783	27,783		7
8	TOTAL General Services	400,604	589,245	203,985	1,193,834	(19,728)	1,174,106	(283,598)	890,508		8
	B. Health Care and Programs										
9	Medical Director			45,460	45,460		45,460		45,460		9
10	Nursing and Medical Records	2,354,463	153,887	5,621	2,513,971	340	2,514,311	(18,069)	2,496,242		10
10a	Therapy										10a
11	Activities		3,842	194,146	197,988		197,988		197,988		11
12	Social Services	77,349			77,349		77,349		77,349		12
13	Nurse Aide Training	41,621			41,621		41,621		41,621		13
14	Program Transportation										14
15	Other (specify):* Related Party Salary							20,776	20,776		15
16	TOTAL Health Care and Programs	2,473,433	157,729	245,227	2,876,389	340	2,876,729	2,707	2,879,436		16
	C. General Administration										
17	Administrative	82,451			82,451		82,451		82,451		17
18	Directors Fees										18
19	Professional Services			601,230	601,230		601,230	(546,286)	54,944		19
20	Dues, Fees, Subscriptions & Promotions			23,309	23,309		23,309	(14,543)	8,766		20
21	Clerical & General Office Expenses	157,327	10,923	21,487	189,737	59	189,796	115,869	305,665		21
22	Employee Benefits & Payroll Taxes			449,387	449,387	19,329	468,716	(309)	468,407		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,058	1,058		1,058	8,971	10,029		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			95,159	95,159		95,159	7,189	102,348		26
27	Other (specify):* Related Party Salary			11,097	11,097		11,097	249,776	260,873		27
28	TOTAL General Administration	239,778	10,923	1,202,727	1,453,428	19,388	1,472,816	(179,333)	1,293,483		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,113,815	757,897	1,651,939	5,523,651		5,523,651	(460,224)	5,063,427		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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Facility Name & ID Number Alden Village Health Facility

#0038455

Report Period Beginning:

01/01/04

Ending:

12/31/04

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			57,441	57,441		57,441	34,809	92,250			30
31	Amortization of Pre-Op. & Org.							7,739	7,739			31
32	Interest			168,677	168,677		168,677	268,449	437,126			32
33	Real Estate Taxes							51,267	51,267			33
34	Rent-Facility & Grounds			558,708	558,708		558,708	(558,708)				34
35	Rent-Equipment & Vehicles			2,579	2,579		2,579	15,058	17,637			35
36	Other (specify):* Mortgage Insurance							28,717	28,717			36
37	TOTAL Ownership			787,405	787,405		787,405	(152,669)	634,736			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		21,092	118,841	139,933		139,933	2,038	141,971			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			434,263	434,263		434,263		434,263			42
43	Other (specify):* Day Training for D	31,200		835,786	866,986		866,986		866,986			43
44	TOTAL Special Cost Centers	31,200	21,092	1,388,890	1,441,182		1,441,182	2,038	1,443,220			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,145,015	778,989	3,828,234	7,752,238		7,752,238	(610,855)	7,141,383			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Alden Nursing Center - Village

Page 4A

Reporting Period Beginning

1/01/04

Reporting Period Ending

12/31/04

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(20,171)	Employee Meal
	22	20,171	Employee Meal
22		(842)	Uniforms
	1	243	Uniforms
	3	200	Uniforms
	4		Uniforms
	10	340	Uniforms
	11		Uniforms
	21	59	Uniforms
			Uniforms
		<hr/>	
		0	Net should be 0

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/04

Ending: 12/31/04

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(87,555)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(19)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(3,940)	21		17
18	Fines and Penalties	(12,923)	32		18
19	Entertainment	(588)	20		19
20	Contributions	(1,118)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,025)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(11,097)	27		24
25	Fund Raising, Advertising and Promotional	(11,327)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (129,592)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(323,530)	Various	34
35	Other- Attach Schedule	(157,733)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (481,263)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (610,855)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Village Health Facility

ID# 0038455

Report Period Beginning: 01/01/04

Ending: 12/31/04

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late fees on utilities	\$ (837)	5	1
2	Intercompany Interest	(155,754)	32	2
3	Miscellaneous income used to offset g&a	(48)	21	3
4	Back out pac 31.78% of IHCA dues	(1,871)	20	4
5	Tuition reimbursement refund	(380)	22	5
6	Back out prior year vendor settlements	5,670	21	6
7	Back out prior year vendor settlements	(800)	21	7
8	Adj deprec exp on def maint to correct detail amt	(4,020)	6	8
9	Back out legal collections costs - Fisch	(93)	19	9
10	Correct legal non-collections posting	400	19	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(157,733)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/04

Ending:

12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(19)	0	0	(314,070)	0	0	0	0	0	0	0	(314,089)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(837)	0	2,059	0	0	0	0	0	0	0	0	1,222	5
6	Maintenance	(4,020)	0	6,150	0	0	0	(34)	(610)	0	0	0	1,486	6
7	Other (specify):*	0	0	27,783	0	0	0	0	0	0	0	0	27,783	7
8	TOTAL General Services	(4,876)	0	35,992	(314,070)	0	0	(34)	(610)	0	0	0	(283,598)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(14,929)	(3,140)	0	0	0	0	0	0	(18,069)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	20,776	0	0	0	0	0	0	0	0	20,776	15
16	TOTAL Health Care and Programs	0	0	20,776	(14,929)	(3,140)	0	0	0	0	0	0	2,707	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(718)	7,391	(552,959)	0	0	0	0	0	0	0	0	(546,286)	19
20	Fees, Subscriptions & Promotions	(14,904)	0	361	0	0	0	0	0	0	0	0	(14,543)	20
21	Clerical & General Office Expenses	882	0	23,311	91,421	255	0	0	0	0	0	0	115,869	21
22	Employee Benefits & Payroll Taxes	(380)	0	0	0	71	0	0	0	0	0	0	(309)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	8,971	0	0	0	0	0	0	0	0	8,971	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	6,991	198	0	0	0	0	0	0	0	0	7,189	26
27	Other (specify):*	(11,097)	0	239,105	21,444	324	0	0	0	0	0	0	249,776	27
28	TOTAL General Administration	(26,217)	14,382	(281,013)	112,865	650	0	0	0	0	0	0	(179,333)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(31,093)	14,382	(224,245)	(216,134)	(2,490)	0	(34)	(610)	0	0	0	(460,224)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/04

Ending:

12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(87,555)	111,822	9,144	0	1,398	0	0	0	0	0	0	34,809	30
31	Amortization of Pre-Op. & Org.	0	6,549	1,190	0	0	0	0	0	0	0	0	7,739	31
32	Interest	(168,677)	402,927	33,743	0	18	438	0	0	0	0	0	268,449	32
33	Real Estate Taxes	0	46,318	4,932	0	17	0	0	0	0	0	0	51,267	33
34	Rent-Facility & Grounds	0	(558,708)	0	0	0	0	0	0	0	0	0	(558,708)	34
35	Rent-Equipment & Vehicles	0	0	15,058	0	0	0	0	0	0	0	0	15,058	35
36	Other (specify):*	0	28,717	0	0	0	0	0	0	0	0	0	28,717	36
37	TOTAL Ownership	(256,232)	37,625	64,067	0	1,433	438	0	0	0	0	0	(152,669)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(21)	(940)	2,999	0	0	0	0	0	2,038	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(21)	(940)	2,999	0	0	0	0	0	2,038	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(287,325)	52,007	(160,178)	(216,155)	(1,997)	3,437	(34)	(610)	0	0	0	(610,855)	45

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/04

Ending:

12/31/04

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See pg 6k		See pg t6k		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	34 Rent Income	\$ 558,708	Village II, Inc.	100.00%	\$	\$ (558,708)
2	V	32 Investment Income - RR	10,629	Village II, Inc.	100.00%		(10,629)
3	V	19 Accounting Fee		Village II, Inc.	100.00%	6,988	6,988
4	V	19 Misc. Admin Expense		Village II, Inc.	100.00%	403	403
5	V	33 Real Estate Tax		Village II, Inc.	100.00%	46,318	46,318
6	V	26 Property & Liability Insur		Village II, Inc.	100.00%	6,991	6,991
7	V	32 Interest On Mortg. Note		Village II, Inc.	100.00%	413,556	413,556
8	V	36 Mortgage Insurance Premium		Village II, Inc.	100.00%	28,717	28,717
9	V	30 Depreciation		Village II, Inc.	100.00%	111,822	111,822
10	V	31 Amortization		Village II, Inc.	100.00%	6,549	6,549
11	V						
12	V						
13	V						
14	Total		\$ 569,337			\$ 621,344	\$ * 52,007

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/04

Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	19 Professional fees	\$ 560,246	Alden Management Services, Inc.	0.00%	\$ 7,287	\$ (552,959)	15
16	V	21 Clerical and G & A		Alden Management Services, Inc.		23,311	23,311	16
17	V	5 Utilities		Alden Management Services, Inc.		2,059	2,059	17
18	V	6 Maintenance		Alden Management Services, Inc.		6,150	6,150	18
19	V	24 Travel & seminar		Alden Management Services, Inc.		8,971	8,971	19
20	V	26 Insurance		Alden Management Services, Inc.		198	198	20
21	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		361	361	21
22	V	30 Depreciation		Alden Management Services, Inc.		9,144	9,144	22
23	V	31 Amortization		Alden Management Services, Inc.		1,190	1,190	23
24	V	33 Real estate taxes		Alden Management Services, Inc.		4,932	4,932	24
25	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		15,058	15,058	25
26	V	32 Interest		Alden Management Services, Inc.		33,743	33,743	26
27	V	7 Salaries-general serv		Alden Management Services, Inc.		27,783	27,783	27
28	V	15 Salaries-health care		Alden Management Services, Inc.		20,776	20,776	28
29	V	27 Salaries-general admin		Alden Management Services, Inc.		239,105	239,105	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 560,246			\$ 400,068	\$ * (160,178)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/04

Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2 Tube Feeding	\$ 415,631	Pyramid Health Care	0.00%	\$ 101,561	\$ (314,070)	15
16	V	10 Nursing Supply	16,911	Pyramid Health Care		1,982	(14,929)	16
17	V	39 Per Diems/Other Supplies	48	Pyramid Health Care		27	(21)	17
18	V	21 General & Admin		Pyramid Health Care		91,421	91,421	18
19	V	27 General & Admin Salaries		Pyramid Health Care		21,444	21,444	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 432,590			\$ 216,435	\$ * (216,155)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/04

Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 6,780	Forum Extended Care II	0.00%	\$ 5,848	\$ (932)
16	V	10 House Stock	2,905	Forum Extended Care II		2,506	(399)
17	V	39 IV	60	Forum Extended Care II		52	(8)
18	V	22 Employee Benefits		Forum Extended Care II		71	71
19	V	21 G & A		Forum Extended Care II		255	255
20	V	32 Interest		Forum Extended Care II		18	18
21	V	33 Real Estate Taxes		Forum Extended Care II		17	17
22	V	30 Depreciation		Forum Extended Care II		1,398	1,398
23	V	27 General & Admin Salaries		Forum Extended Care II		324	324
24	V	10 Pharmacy Consulting	2,741	Forum Extended Care II			(2,741)
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 12,486			\$ 10,489	\$ * (1,997)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/04

Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 Therapy	\$ 118,900	Community Physical Therapy	0.00%	\$ 121,899	\$ 2,999	15
16	V	32 Interest		Community Physical Therapy		438	438	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 118,900			\$ 122,337	\$ * 3,437	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/04

Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	6 Maintenance Expense	\$ 23,142	Alden Bennett Construction	0.00%	\$ 23,108	\$ (34)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 23,142			\$ 23,108	\$ *	(34) 39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/04

Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Carpet Cleaning	\$ 807	Alden Realty - Carpet Care	0.00%	\$ 722	\$ (85)	15
16	V	6 Floor Cleaning	5,390	Alden Realty - Floor Care		4,865	(525)	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 6,197			\$ 5,587	\$ * (610)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

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Facility Name & ID Number ALDEN NURSING CENTER - VILLAGE

003-8455

Report Period Beginning 01/01/04

Ending: 12/31/04

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Waterford	Aurora
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy, Inc.	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

STATE OF ILLINOIS

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Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President/CFO	CEO	100% A	220,263	1.316	3.29	salary	\$ 7,501	27-7	1
2	Lauren Magnusson	Clinical Coordinator	Nursing	B	71,127	1.316	3.29	salary	2,422	15-7	2
3	Terry Magnusson	Maint. Superv.	Maint.	C	48,353	1.316	3.29	salary	1,647	7-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 11,570		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson Ave.
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-3473

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	See Page 8A (also on Page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE												
A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)												
	1	2		3	4	5	6		7	8	9	10
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Cambridge		X	Mortgage	\$39,067.00	04/99	\$ 5,983,300	\$ 5,718,336	04/34	7.2000	\$ 413,557	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Related Party - AMS	X		Working Capital							33,743	6
7	Related Party - FECII	X		Working Capital							18	7
8	Related Party - CPT	X		Working Capital							438	8
9	TOTAL Facility Related				\$39,067.00		\$ 5,983,300	\$ 5,718,336			\$ 447,756	9
	B. Non-Facility Related*											
10	Interest Inc. on Repl Res.		X								(10,630)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (10,630)	14
15	TOTALS (line 9+line14)						\$ 5,983,300	\$ 5,718,336			\$ 437,126	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 28,717 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

B. Real Estate Taxes

NOTES:

1. Please indicate a negative number by use of brackets (). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Village Health Facility COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0038455

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>02-14-107-028</u>	<u>Nursing home</u>	\$ <u>44,301.52</u>	\$ <u>44,301.52</u>
2. <u>02-14-107-027</u>	<u>Nursing home</u>	\$ <u>3,166.46</u>	\$ <u>3,166.46</u>
3. _____	<u>Related Party - Alden Management</u>	\$ <u>149,765.00</u>	\$ <u>4,932.00</u>
4. _____	<u>Related Party - Forum</u>	\$ <u>13,827.00</u>	\$ <u>17.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>211,059.98</u>	\$ <u>52,416.98</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 30,726
 B. General Construction Type:
 Exterior Brick
 Frame Steel
 Number of Stories 1

C. Does the Operating Entity?
 (a) Own the Facility
 (b) Rent from a Related Organization.
 (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?
 (a) Own the Equipment
 (b) Rent equipment from a Related Organization.
 (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
 YES NO
 If so, please complete the following:

1. Total Amount Incurred:
 2. Number of Years Over Which it is Being Amortized:
 3. Current Period Amortization:
 4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Building		1992	\$ 135,758	1
2					2
3	TOTALS			\$ 135,758	3

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/04

Ending:

12/31/04

XL OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6	109		1992	1973	639,042		30			639,042	6
7			1984	1984	706,283	87,555	15		(87,555)	706,283	7
8		related partry-forum		1978	16,213		22			16,213	8
		Improvement Type**									
9		Repair Heater pump, replace temp controller		1992	2,131		10			2,131	9
10		Water heater moyor;valve repair		1993	9,288	101	5-15	101		8,909	10
11		Carpentry work, water heater repair		1994	63,064	2,872	3-15	2,872		51,909	11
12		Fire alarm repairs; brickwork; install circuits		1995	185,123	8,143	3-25	8,143		101,402	12
13		Village construction		1996	14,046	562	25	562		5,478	13
14		Install fire door		1996	2,977	198	15	198		1,753	14
15		Replace compressor		1997	1,825		5			1,825	15
16		Roof patching		1998	1,700	170	10	170		1,133	16
17		Replace condensing unit		1998	4,810	321	15	321		2,084	17
18		install damper motor & detector		1998	2,104	140	15	140		877	18
19		Replace furnace equipment		1999	1,827	122	15	122		731	19
20		install automatic door		1999	8,107	811	10	811		4,324	20
21		Install display and digital phones		2000	1,726	173	10	173		762	21
22		Replace HVAC burners		2000	1,607		3			1,607	22
23		Replace 5 ton condensing unit		2000	1,950	390	5	390		1,820	23
24		Install 100 amp disconnect and cable		2000	1,920	384	5	384		1,792	24
25		Roof repair		2000	1,583	317	5	317		1,319	25
26		Door Alarms		2001	19,015	1,902	10	1,902		6,655	26
27		Display phone and digital phone		2001	1,609	161	10	161		630	27
28		ABC (misc. repairs)		2002	2,362	472	5	472		1,417	28
29		Capps Plumbing (gas regulators for main gas to building)		2002	4,375	438	10	438		1,276	29
30		GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350	535	10	535		1,382	30
31		ABC (wall mounted eye wash)		2002	2,507	251	10	251		606	31
32		ABC (misc. repairs)		2002	1,800	360	5	360		870	32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	ABC=-Parking lot repairs	2003	\$ 20,730	\$ 2,073	10	\$ 2,073	\$	\$ 4,146		37
38	ABC- misc constrction	2003	7,580	758	10	758		948		38
39	Capps basemetn sewers repairs	2003	2,970	990	3	990		1,898		39
40	ABC-roof repairs	2003	3,200	320	10	320		587		40
41	GT Mechanical-A/C repair	2003	1,773	355	5	355		532		41
42	Capps- install new shower drain	2003	1,215	61	20	61		71		42
43	Ruffino's Auto- bus repair	2003	1,697	566	3	566		660		43
44	Ruffino's Auto- braketransmision repair	2003	6,572	2,191	3	2,191		2,373		44
45	ABC- roof repair	2003	10,121	1,012	10	1,012		2,024		45
46	ABC - Electrical repairs	2004	9,474	579	15	579		579		46
47	Patton Ind-gernerator repair	2004	2,050	85	10	85		85		47
48	ABC - roof repairs	2004	1,918	96	10	96		96		48
49	GT Mechanical-heater repair	2004	1,506	38	10	38		38		49
50	GT Mechanical-heater repair	2004	1,878	31	10	31		31		50
51	ABC-roof repairs	2004	3,356	28	10	28		28		51
52	ABC-new tile	2004	943	829	10	829		829		52
53	ABC-doors	2004	3,293	201	15	201		201		53
54	ABC-roof canopy	2004	3,581	269	10	269		269		54
55	ABC-new 2nd water heater	2004	14,644	569	15	569		569		55
56	TNS, Inc-rewire for DSL	2004	1,512	139	10	139		139		56
57	ABC-various remodeling	2004	4,661	777	5	777		777		57
58	ABC-new water heater for kitchen	2004	14,644	569	15	569		569		58
59	ABC-bathroom remodel	2004	1,641	55	5	55		55		59
60	ABC-install metal door	2004	1,227	41	10	41		41		60
61										61
62										62
63										63
64										64
65										65
66										66
67										67
68										68
69										69
70	TOTAL (lines 4 thru 69)		\$ 1,826,529	\$ 119,010		\$ 31,455	\$ (87,555)	\$ 1,581,775		70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,826,529	\$ 119,010		\$ 31,455	\$ (87,555)	\$ 1,581,775	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	12,303		15			12,303	4
5	Leasehold Improvement-Remodeling	1980	19,273		20			19,273	5
6	Leasehold Improvement-Tenant Improvement	1987	996		13			996	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,572	223	16	223		2,234	8
9	Leasehold Improvement-Build.Improv.	1996	1,259	79	16	79		704	9
10	Leasehold Improvement-Asphalting	2000	98		3			98	10
11	Leasehold Improvement-DAI	2001	172	17	10	17		54	11
12	Leasehold Improvement-Bathrooms	2002	733	82	7	82		181	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		328	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,820	148	7	148		148	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	79		23			79	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	137	27	5	27		103	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	608	7	608		1,215	28
29	Leasehold Improvement-Remodeling	2003	5,085	775	7	775		1,394	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	13,393	266	30	266		2,041	33
34	TOTAL (lines 1 thru 33)		\$ 1,912,226	\$ 121,399		\$ 33,844	\$ (87,555)	\$ 1,643,204	34

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 563,149	\$ 46,925	\$ 46,925	\$	Varies	\$ 262,077	71
72	Current Year Purchases	7,346	1,183	1,183		Varies	1,183	72
73	Fully Depreciated Assets	168,496	4,551	4,551		Varies	168,496	73
74								74
75	TOTALS	\$ 738,991	\$ 52,659	\$ 52,659	\$		\$ 431,756	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus Purch-Anrie Yusim		2004	\$ 45,183	\$ 5,271	\$ 5,271	\$	5	\$ 5,271	76
77	East Side Auto-lift for bus		2004	4,150	346	346		5	346	77
78	Car Engine/Bus/Van	Various/Dodge	98-'04	8,164	130	130		3	7,981	78
79										79
80	TOTALS			\$ 57,497	\$ 5,747	\$ 5,747	\$		\$ 13,598	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,844,472	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 179,805	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 92,250	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (87,555)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,088,558	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$		86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party-cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: ☐ YES ☐ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 2,579 Description: copy machine \$2,075 postage meter \$504

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party-AMS		\$ 1,255.00	\$ 15,058	17
18					18
19					19
20					20
21	TOTAL		\$ 1,255.00	\$ 15,058	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2005 \$ _____

13. /2006 \$ _____

14. /2007 \$ _____

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
		IN-HOUSE PROGRAM <u>31</u>	IN-HOUSE PROGRAM <u>31</u>
		IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
		COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER AIDE <u>82</u>
		HOURS PER AIDE <u>40</u>	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		9,454		9,454
4	Clinical Wages (b)		18,908		18,908
5	In-House Trainer Wages (c)		13,256		13,256
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	41,618	\$	41,618
10	SUM OF line 9, col. 1 and 2 (e)	\$	41,618		

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ n/a

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	31
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	31

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 35,188	\$		\$ 35,188	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			15,905			15,905	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			67,807			67,807	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16 A	# of prescrpts				5,840		5,840	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See Pg 16 A				2,999	14,232		17,231	13
14	TOTAL			\$		\$ 121,899	\$ 20,072		\$ 141,971	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

**Alden Village
2004**

Page 16A

Page 16
Col 5: PT,OT, & ST
Col 6: Other
Amount

XIV. SPECIAL SERVICES (Direct Cost)

Service

1. OT	39-3	\$35,188.19
2. ST	39-3	15,905.05
3.		
4. PT	39-3	67,807.48
5.		
6.		
7.		
8.		
9. Pharmacy	See pg 16	6,779.70
Plus: Related Party- Forum Drugs		(932.00)
Plus: Related Party- Forum I.V.		(8.00)
Total to line 9 Pharmacy		5,839.70
10.		
11.		
12. Exceptional Care-Column 3	See pg 16	(720.00)
12. Exceptional Care-Column 6	See pg 16	0.00
13. Other: Lab, X-Ray Therapy, Mattress, Pyramid Billings	See pg 16	14,252.82
Related Party- Pyramid		(21.00)
Related Party- CPT		2,999.00
Total to line 13		17,230.82
14. Total		141,971.24

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (1,500))	2,554,530	2,554,530	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		16,786	6
7	Other Prepaid Expenses	4,709	4,709	7
8	Accounts Receivable (owners or related parties)	2,100,544	2,883,705	8
9	Other(specify): Due From 3rd Parties	175,050	175,050	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,834,833	\$ 5,634,780	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	64,126	64,126	12
13	Land		580,000	13
14	Buildings, at Historical Cost		3,414,649	14
15	Leasehold Improvements, at Historical Cost	601,467	601,467	15
16	Equipment, at Historical Cost	345,851	709,851	16
17	Accumulated Depreciation (book methods)	(567,545)	(1,272,332)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		235,227	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(37,113)	20
21	Restricted Funds		1,207,863	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 443,899	\$ 5,503,738	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,278,732	\$ 11,138,518	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,117,837	\$ 2,176,841	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,466	10,466	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	275,025	275,025	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,753	24,753	31
32	Accrued Real Estate Taxes(Sch.IX-B)		48,900	32
33	Accrued Interest Payable		34,310	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Ins,Exps,IDPA,Sales Tax, etc.	121,693	121,722	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,549,774	\$ 2,692,017	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,659,332	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 5,659,332	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,549,774	\$ 8,351,349	46
47	TOTAL EQUITY (page 18, line 24)	\$ 2,728,958	\$ 2,787,169	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,278,732	\$ 11,138,518	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,183,500	1
2	Restatements (describe):		2
3	External audit adj made to telephone exp after 2003 cost		3
4	report was submitted. No effect on prior years report:	5,141	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,188,641	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	540,317	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 540,317	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,728,958	24 *

* This must agree with page 17, line 47.

VII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,411,208	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,411,208	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,085	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,085	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Pg 19A	880,262	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 880,262	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,292,555	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,193,834	31
32	Health Care	2,876,389	32
33	General Administration	1,453,428	33
B. Capital Expense			
34	Ownership	787,405	34
C. Ancillary Expense			
35	Special Cost Centers	1,006,919	35
36	Provider Participation Fee	434,263	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,752,238	40
41	Income before Income Taxes (line 30 minus line 40)**	540,317	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 540,317	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Yet Done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Column 1
Amount

Page 19A

Must be submitted if there is a balance on Line 28. You need only report the info that has a balance.

Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	3,618.82	
Offset G&A - backed out on page 5A ref line 21		48.00
Staff Training Reimb - Do not back out		3,190.00
Triton college class refund		380.00
Day Training Income (not offset, actual costs reported)	873,775.98	
Write Off of Old Amounts Due (related to prior yr, not offset on Schdl V)	2,867.69	

Total of line 28	880,262.49	
	=====	

PA Pg 19 P & L
02/28/05
03:30 PM

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/04

Ending:

12/31/04

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,024	2,080	\$ 72,914	\$ 35.05	1
2	Assistant Director of Nursing					2
3	Registered Nurses	21,976	23,268	605,646	26.03	3
4	Licensed Practical Nurses	8,787	9,451	210,142	22.23	4
5	Nurse Aides & Orderlies					5
6	Nurse Aide Trainees	3,782	3,782	28,365	7.50	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,912	2,080	35,764	17.19	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,236	17,465	134,280	7.69	15
16	Dishwashers					16
17	Maintenance Workers	1,960	2,080	41,789	20.09	17
18	Housekeepers	11,855	12,647	134,091	10.60	18
19	Laundry	5,338	5,819	54,681	9.40	19
20	Administrator	2,080	2,080	82,451	39.64	20
21	Assistant Administrator					21
22	Other Administrative	3,920	4,160	113,873	27.37	22
23	Office Manager					23
24	Clerical	4,599	4,684	43,455	9.28	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	5,384	5,440	77,349	14.22	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	135,516	141,245	1,479,015	10.47	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Day Training Trai	2,600	2,600	31,200	12.00	33
34	TOTAL (lines 1 - 33)	227,969	238,881	\$ 3,145,015 *	\$ 13.17	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	45,460	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,616	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	3,254	190,283	11-3	44
45	Social Service Consultant	50	2,680	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,304	\$ 250,639		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description		Amount	Description		Amount	
Suzanne Huxel Seaton	Administrator		\$ 82,451	Workers' Compensation Insurance		\$ 59,262	IDPH License Fee		\$	
				Unemployment Compensation Insurance		8,036	Advertising: Employee Recruitment		802	
				FICA Taxes		313,967	Health Care Worker Background Check (Indicate # of checks performed 90)		628	
				Employee Health Insurance		50,633	surety bonds		1,874	
				Employee Meals		20,171	IHCA dues, less pac fees		4,015	
				Illinois Municipal Retirement Fund (IMRF)*			see of state		350	
				Related Party- FEC II		71	ECIN & Healthcare Times subscriptions		236	
				dental/life insur & 401k match		2,540	Bloomington Chamber of Comm		500	
				employee relations/misc costs/tuition		8,928	related party-Ams		361	
				drug tests & vaccinations		4,037	Less: Public Relations Expense	(
				employee dishonesty		762	Non-allowable advertising	(
							Yellow page advertising	(
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 82,451				TOTAL (agree to Sch. V, line 20, col. 8)	\$	8,766	
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)						
Description			Amount							
			\$							
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
C. Professional Services				Description	Line #	Amount	Description		Amount	
Vendor/Payee	Type		Amount			\$	Out-of-State Travel		\$	
Alden Management Services	management fees		\$ 560,376							
BDO Siedman	accounting fees		10,544							
K. Fisch	legal fees		15,846							
Neal, Gerber, & Eisen.	legal fees		26				In-State Travel			
Barry H. Greenburg	legal fees		2,688				Gas		518	
FR&R Consulting	healthcare consulting		5,000				Related Party-AMS		8,971	
Leader Stat	recruiting fee		6,750							
							Seminar Expense			
							Triton College		380	
							re-certification classes		160	
							Entertainment Expense	(
							(agree to Sch. V, line 24, col. 8)			
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 601,230	TOTAL		\$	TOTAL		\$ 10,029	

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	Wash Condenser	5/93	\$ 3,238	10	\$ 324	\$ 324	\$ 108	\$	\$	\$	\$	\$	\$
2	Circulator pump	11/94	2,100	10	210	210	210	175	175				
3	Compressor A/C	11/94	2,191	15	146	146	146	146	146	146	146	146	
4	Circulator Pump	1/95	1,621	10	162	162	162	162	0				
5	Relocating water pipe	7/95	1,908	15	127	127	127	127	127	127	127	127	
6	Rooftop repair	9/96	3,545	10	354	354	354	354	354				
7	Repair A/C	6/98	3,650	3	507	0							
8	Replace blowers	10/98	2,620	3	655	0							
9	replace blowers	10/98	2,115	3	529	0							
10	Thermometor on heater	8/99	1,502	3	501	292	0						
11													
12	Reapir water main and tie	5/00	1,572	3	524	524	175	0					
13	Repair CAT equip	11/00	1,855	3	618	618	515	0					
14	General repairs	7/01	1,550	3	258	517	517	258	0				
15	RPZ reapir and cert	7/01	2,781	3	386	927	927	541	0				
16	General repairs	9/01	1,766	3	147	589	589	442	0				
17	General Maintenance	11/01	2,362	3	66	787	787	722	0				
18	no new items for 2003/'04												
19													
20	TOTALS		\$ 36,376		\$ 5,514	\$ 5,577	\$ 4,616	\$ 2,926	\$ 802	\$ 273	\$ 273	\$ 273	\$

Facility Name & ID Number Alden Village Health Facility

STATE OF ILLINOIS

0038455

Report Period Beginning: 01/01/04

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Ending: 12/31/04

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$5,886
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 55,122 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 434,263
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 20,171 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: BDO Seidman The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Yet Completed
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.